

KENTUCKY STATE BOARD OF LICENSURE FOR MASSAGE THERAPY CONTINUING EDUCATION COMMITTEE

The Kentucky State Board of Licensure for Massage Therapy and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments. The program sponsor shall send a program syllabus, sample evaluation form, program outline, vitae of presenters, and a copy of the certificate for participants with the application form.

- 1. The program must have a clearly stated purpose and defined content area consistent with the overall goals of continuing education; namely, improvement of professional competency, acquisition of new skills and knowledge, and strengthening habits of critical inquiry and balanced judgment.***
- 2. The presenters must be professionals qualified in the defined content area.***
- 3. The program's time must be clearly stated in number of hours of attendance.***
- 4. The number of hours requested for approval must be indicated on the form.***
- 5. Attendance must be recorded by the program sponsor.***
- 6. Documentation of completion must be provided to the participant.***
- 7. Participants must be required to complete an evaluation of the program.***

**KENTUCKY STATE BOARD OF LICENSURE FOR MASSAGE THERAPY
CONTINUING EDUCATION PROGRAM APPLICATION**

SPONSOR NAME AND ADDRESS:

TITLE OF PROGRAM: _____

INSTRUCTOR(S): _____

LOCATION OF PROGRAM OFFERING: _____

DATE(S): _____ **TIME:** _____ **NUMBER OF HOUR:** _____

EDUCATIONAL OBJECTIVES: Briefly describe ways that your program will contribute to one or more of the following definitions of "continuing education": a) improvement of the licensee's professional knowledge; b) acquisition of new skills and knowledge that will help maintain competence; or c) strengthening of the habits of critical inquiry and balanced judgment.:

What are the specific educational objectives of your program: _____

CONTENT, ACTIVITIES AND MATERIALS: _____

EVALUATION PROCEDURES: (Attach copy of evaluation form to be used)

INTENDED AUDIENCE: _____

INTENDED NUMBER OF PARTICIPANTS: _____

SIGNED: _____ **DATE:** _____

****NOTE: SEND THIS APPLICATION FORM WITH SUPPORTING DOCUMENTATION TO:**

**KENTUCKY STATE BOARD OF LICENSURE FOR MASSAGE THERAPY
PO BOX 1360
FRANKFORT, KY 40602**

FOR BOARD USE ONLY

APPROVED: _____ DENIED: _____ DATE: _____

BY: _____ NO. OF HOURS: _____

REASON (IF DENIED): _____